

AS400 Account Request Form

School/Facility: _____

Date: _____

Please print or type

Name	Add /Delete	Job Title	Access Requested	User id (Internal Use)

Access Requested options:

- 1) School Based Accounting (Requires additional authorization)
- 2) Purchase order Entry (Requires additional authorization)
- 3) School Food Nutrition
- 4) Student System Inquiry
- 5) Employee Leave Accounting
- 6) Other (Specify type of access; I/T will review)

Users are required to change their passwords every 45 days. Accounts will disable after 3 failed logon attempts. New passwords must be a minimum of 5 characters, not to exceed 10 characters. At the end of the school year, any AS400 account not used during the last school year will be disabled; accounts not used in the last 2 years are deleted.

Principal/Supervisor signed: _____

Please fax completed form to Anthony Swaim at 678-450-4019
 Account information and password will be emailed to the Principal/Administrator

 Anthony
 AS400
 Security

 Dixie
 Menu grant

 Kara
 SBA access

 Karen
 PO access